

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

Krinkie for Congress

ADDRESS (number and street)

P.O. Box 681

Check if different  
than previously  
reported. (ACC)

Circle Pines

MN

55014

2. FEC IDENTIFICATION NUMBER ▼

C

C00547786

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

MN

06

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the  
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y

10

D D / Y Y Y Y

01

Y Y Y Y

2013

through

M M / D D / Y Y Y Y

12

D D / Y Y Y Y

31

Y Y Y Y

2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Carl E. Jacobson

Signature of Treasurer

Carl E. Jacobson

[Electronically Filed]

Date

M M / D D / Y Y Y Y

01

D D / Y Y Y Y

31

Y Y Y Y

2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 22

Write or Type Committee Name

**Krinkie for Congress**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	3

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	3

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	19085.14	57328.15
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	19085.14	57328.15
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	43056.37	66423.50
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	43056.37	66423.50
8. Cash on Hand at Close of Reporting Period (from Line 27).....	290916.12	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	300000.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 22

Write or Type Committee Name

**Krinkie for Congress**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	3

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	3

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date
**11. CONTRIBUTIONS (other than loans) FROM:****(a) Individuals/Persons Other Than Political Committees****(i) Itemized (use Schedule A).....**

15055.00

46255.00

**(ii) Unitemized.....**

4030.14

11073.15

**(iii) TOTAL of contributions from individuals ▶**

19085.14

57328.15

**(b) Political Party Committees.....**

0.00

0.00

**(c) Other Political Committees (such as PACs).....**

0.00

0.00

**(d) The Candidate.....**

0.00

0.00

**(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..**

19085.14

57328.15

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

0.00

**13. LOANS:****(a) Made or Guaranteed by the Candidate.....**

0.00

300000.00

**(b) All Other Loans.....**

0.00

0.00

**(c) TOTAL LOANS (add Lines 13(a) and (b)).....**

0.00

300000.00

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

0.00

0.00

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

7.06

11.47

**16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶**

19092.20

357339.62

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 22

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	43056.37	66423.50
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	43056.37	66423.50

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	314880.29
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	19092.20
25. SUBTOTAL (add Line 23 and Line 24).....	333972.49
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	43056.37
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	290916.12

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+9A=N5HCB  
.

Form/Schedule: F3N  
Transaction ID :

Form/Schedule:  
Transaction ID:

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 6 OF 22

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Krinkie for Congress**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Jon Mathisrud</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>11</td> <td></td> <td>21</td> <td></td> <td>2013</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	11		21		2013
M M M	/	D D D	/	Y Y Y Y Y Y									
11		21		2013									
Mailing Address 1860 Hunter Lane		<b>Transaction ID : A4353B5F6CBA04E04B55</b>											
City Saint Paul	State MN	Zip Code 55118-4109											
FEC ID number of contributing federal political committee. <div>C</div>		Amount of Each Receipt this Period <div>500.00</div>											
Name of Employer American Durable	Occupation CEO												
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div>700.00</div>												
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Dave Racer</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>11</td> <td></td> <td>21</td> <td></td> <td>2013</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	11		21		2013
M M M	/	D D D	/	Y Y Y Y Y Y									
11		21		2013									
Mailing Address PO Box 600160		<b>Transaction ID : AE134ABCE9E7C473C9AE</b>											
City Saint Paul	State MN	Zip Code 55106-0003											
FEC ID number of contributing federal political committee. <div>C</div>		Amount of Each Receipt this Period <div>250.00</div>											
Name of Employer Self-employed	Occupation author												
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div>250.00</div>												
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Robert Lancaster</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>11</td> <td></td> <td>21</td> <td></td> <td>2013</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	11		21		2013
M M M	/	D D D	/	Y Y Y Y Y Y									
11		21		2013									
Mailing Address 1845 Carroll Ave		<b>Transaction ID : ACF0C155056F9460CA9A</b>											
City Saint Paul	State MN	Zip Code 55104-3586											
FEC ID number of contributing federal political committee. <div>C</div>		Amount of Each Receipt this Period <div>150.00</div>											
Name of Employer Home Environment Products	Occupation Owner												
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div>550.00</div>												
<b>SUBTOTAL</b> of Receipts This Page (optional).....		<div>900.00</div>											
<b>TOTAL</b> This Period (last page this line number only).....		<div></div>											

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 7 OF 22

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Krinkie for Congress

Full Name (Last, First, Middle Initial)

Chris Taylor

Mailing Address 3413 Fox Tail Trl nw

City

Prior Lake

State

MN

Zip Code

54362

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Chief Executive OfficerOccupation  
H&H Partners Inc.

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2877.48

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2013

Transaction ID : ABECF4FCCBDF24065A96

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

Russell Mace

Mailing Address 1401 W 94th Street

City

Minneapolis

State

MN

Zip Code

55431-2352

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Craw, LLCOccupation  
Owner

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2013

Transaction ID : AF7ED68C67B7D4695830

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Jeffrey Fetters

Mailing Address 1185 Ridge Road

City

Owatonna

State

MN

Zip Code

55060-1921

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Federated InsuranceOccupation  
CEO

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2013

Transaction ID : A4400A454549246AB8D3

Amount of Each Receipt this Period

2600.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3400.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Krkie for Congress**

A. Full Name (Last, First, Middle Initial)  
**Mark & Kathy Nelson**

Mailing Address 1094 Winthrop St S

City	State	Zip Code
Saint Paul	MN	55119-5646

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 MFN Consulting

Occupation  
 Owner

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 10 / 03 / 2013

Transaction ID : A6A6B94D5A5184F20954

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)  
**Mark Olson**

Mailing Address 10 Red fox road

City	State	Zip Code
Saint Paul	MN	55127-6331

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 President

Occupation  
 APG

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

205.00

Date of Receipt

M M / D D / Y Y Y Y  
 10 / 01 / 2013

Transaction ID : A555056EE6B1941C9AEE

Amount of Each Receipt this Period

5.00

C. Full Name (Last, First, Middle Initial)  
**Donna & Todd Lein**

Mailing Address 1787 Dupre Rd

City	State	Zip Code
Hugo	MN	55038-7762

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Info Requested

Occupation  
 Info Requested

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 12 / 15 / 2013

Transaction ID : A0BC5A58C7E924C43AA0

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

555.00



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 9 OF 22

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Krinkie for Congress**

Full Name (Last, First, Middle Initial)

**Mr. Chris Miller**

Mailing Address 408 Natchez Ave S

City

Minneapolis

State

MN

Zip Code

55416-3310

FEC ID number of contributing federal political committee.

C

Name of Employer

Self Employed

Occupation

Investor

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y  
12 / 31 / 2013

Transaction ID : AE05443949BB54DD8B18

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**Jeffrey Fetters**

Mailing Address 1185 Ridge Road

City

Owatonna

State

MN

Zip Code

55060-1921

FEC ID number of contributing federal political committee.

C

Name of Employer

Federated Insurance

Occupation

CEO

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5200.00

Date of Receipt

M M / D D / Y Y Y Y  
10 / 28 / 2013

Transaction ID : AF2EF43CEB36A47D5A13

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

**Glenn Krinkie**

Mailing Address 28707 Palmberg Drive

City

Danbury

State

WI

Zip Code

54830-9307

FEC ID number of contributing federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
12 / 19 / 2013

Transaction ID : A944B7A4A61904D9CA73

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3350.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 10 OF 22

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Krinkie for Congress**

Full Name (Last, First, Middle Initial)

**Albert Jay Graf**

Mailing Address 34 Umbrella Point

P.O. Box 1569

City

Wolfeboro

State

NH

Zip Code

03894-4131

FEC ID number of contributing federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
10 / 08 / 2013

Transaction ID : A90CD23897E484DAFA40

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**Terry & Sharon Anderson**

Mailing Address 817 Gilman Ave S

City

Litchfield

State

MN

Zip Code

55355-3417

FEC ID number of contributing federal political committee.

C

Name of Employer

ANDERSON CHEMICAL COMPANY

Occupation

CEO

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
10 / 22 / 2013

Transaction ID : A49B30B1FB0F14C96AB7

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**Martin Kellogg**

Mailing Address 339 Mount Curve Blvd

City

Saint Paul

State

MN

Zip Code

55105-1217

FEC ID number of contributing federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y  
11 / 12 / 2013

Transaction ID : A6E6513F5C4C546059FC

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2500.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 11 OF 22

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Krinkie for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Charles Test**

Mailing Address 2710 2nd Ave S

City Minneapolis	State MN	Zip Code 55408-1710
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		27		2013

Transaction ID : A79AD77DD8FBF4B8C94D

Amount of Each Receipt this Period

500.00
--------

**B.** Full Name (Last, First, Middle Initial)  
**Chris Taylor**

Mailing Address 3413 Fox Tail Trl nw

City Prior Lake	State MN	Zip Code 54362
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Chief Executive Officer	Occupation H&H Partners Inc.
---	---------------------------------

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 2877.48

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2013

Transaction ID : AF50B9EDA327D4D69922

Amount of Each Receipt this Period

700.00
--------

**C.** Full Name (Last, First, Middle Initial)  
**Philip J Kronlage**

Mailing Address 7600 Auto Club Circle

City Minneapolis	State MN	Zip Code 55438-2839
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer BPK&Z CPA's	Occupation Partner
---------------------------------	-----------------------

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2013

Transaction ID : A77DB7F2800AA42ABAA4

Amount of Each Receipt this Period

250.00
--------

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1450.00
---------

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 12 OF 22

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Krinkie for Congress**

Full Name (Last, First, Middle Initial)

**Benjamin Bowman**

Mailing Address 1740 Eleanor Avenue

City

Saint Paul

State

MN

Zip Code

55116-1438

FEC ID number of contributing federal political committee.

C

Name of Employer

General Blood

Occupation

CEO

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y  
12 / 09 / 2013

Transaction ID : A9C70DB6573B94FA2A53

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**Ray Vandever**

Mailing Address 837 8th Ave SE

City

Forest Lake

State

MN

Zip Code

55025-1604

FEC ID number of contributing federal political committee.

C

Name of Employer

Associate Appraisers

Occupation

Executive

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y  
11 / 21 / 2013

Transaction ID : A1C490495E88148FA8B8

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**Steven Allan Laraway**

Mailing Address 2012 Charter Oaks Ct

City

Saint Cloud

State

MN

Zip Code

56303-1211

FEC ID number of contributing federal political committee.

C

Name of Employer

Laraway Financial Advisors

Occupation

President/CEO

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y  
12 / 22 / 2013

Transaction ID : A5C62419B47FB489A807

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

500.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 OF 22

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Krkie for Congress**

Full Name (Last, First, Middle Initial) <b>William Poulos</b>		Date of Receipt M M / D D / Y Y Y Y <b>11 / 21 / 2013</b>
Mailing Address <b>1200 Bayard</b>		<b>Transaction ID : A4816161A46B642B79D3</b>
City <b>Saint Paul</b>	State <b>MN</b>	
Zip Code <b>55116-1650</b>		Amount of Each Receipt this Period <b>500.00</b>
FEC ID number of contributing federal political committee. <b>C</b>		<b>750.00</b>
Name of Employer <b>Self Employed</b>	Occupation <b>Sales</b>	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) <b>Patrick Lynch</b>		Date of Receipt M M / D D / Y Y Y Y <b>11 / 08 / 2013</b>
Mailing Address <b>1616 Blackberry Cir</b>		<b>Transaction ID : ABF630DC3E28C42BD93A</b>
City <b>Sartell</b>	State <b>MN</b>	
Zip Code <b>56377-4523</b>		Amount of Each Receipt this Period <b>1000.00</b>
FEC ID number of contributing federal political committee. <b>C</b>		<b>1000.00</b>
Name of Employer <b>Transportation broker</b>	Occupation <b>Granite Logistics Services, LLC</b>	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) <b>Mrs. Nancy Colleen Oakes</b>		Date of Receipt M M / D D / Y Y Y Y <b>11 / 21 / 2013</b>
Mailing Address <b>540 17th St N</b>		<b>Transaction ID : ACC6AEDF1C3C74C789EF</b>
City <b>Saint Cloud</b>	State <b>MN</b>	
Zip Code <b>56303-1416</b>		Amount of Each Receipt this Period <b>500.00</b>
FEC ID number of contributing federal political committee. <b>C</b>		<b>1500.00</b>
Name of Employer <b>Homemaker</b>	Occupation <b>homemaker</b>	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>2000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 22  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
**Krinkie for Congress**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Ted Ferrara</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 16 / 2013	
Mailing Address 225 9th Street E Unit 301		<b>Transaction ID : A5466FC85F8904871B57</b>	
City Saint Paul	State MN	Zip Code 55101-2514	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer STANDARD HEATING AND AIR CONDITIONIN	Occupation Chairman		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Robert Lancaster</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 18 / 2013	
Mailing Address 1845 Carroll Ave		<b>Transaction ID : A4B7CEBB4DB114640BDA</b>	
City Saint Paul	State MN	Zip Code 55104-3586	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer Home Environment Products	Occupation Owner		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00		
<b>C.</b> Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address			
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		400.00	
<b>TOTAL</b> This Period (last page this line number only).....		15055.00	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 22

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Krinkie for Congress**

Full Name (Last, First, Middle Initial)

**A. Fundraising Associates of MN**Mailing Address 4035 West 65 Street  
Suite 324

City Edina State MN Zip Code 55435-1752

Purpose of Disbursement  
fundraising consulting

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		07		2013

Amount of Each Disbursement this Period

660.00
--------

Transaction ID : B20FA9942DA0041E09F3

**B. Blue Point LLC**

Mailing Address 35311 N. 92nd Way

City Scottsdale State AZ Zip Code 85262-1153

Purpose of Disbursement  
Campaign consulting

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		11		2013

Amount of Each Disbursement this Period

2500.00
---------

Transaction ID : B5ACA7D683C8D401C947

**c. Tall Grass Digital**

Mailing Address 321 4th Avenue South

City South St Paul State MN Zip Code 55075-2617

Purpose of Disbursement  
Web design services

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		11		2013

Amount of Each Disbursement this Period

3000.00
---------

Transaction ID : B5FF1E4C7FC704F729DF

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

6160.00

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 22

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Krinkie for Congress

Full Name (Last, First, Middle Initial)

**A. Torin Kelly**Mailing Address 449 Selby Avenue  
#3

City Saint Paul State MN Zip Code 55102-2773

Purpose of Disbursement  
reimburse travel, lodging, expenses

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		11		2013

Amount of Each Disbursement this Period

1658.34
---------

Transaction ID : BBC94109CDB284057B01

**B. Torin Kelly**Mailing Address 449 Selby Avenue  
#3

City Saint Paul State MN Zip Code 55102-2773

Purpose of Disbursement  
compensation

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		15		2013

Amount of Each Disbursement this Period

2500.00
---------

Transaction ID : BD1FB52E43EAF45658D1

**c. Fundraising Associates of MN**Mailing Address 4035 West 65 Street  
Suite 324

City Edina State MN Zip Code 55435-1752

Purpose of Disbursement  
Fundraising services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		15		2013

Amount of Each Disbursement this Period

1750.00
---------

Transaction ID : BA786E06EC51F42AC8BC

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

5908.34



**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 22

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Krinkie for Congress**

Full Name (Last, First, Middle Initial)

**A. Fundraising Associates of MN**Mailing Address 4035 West 65 Street  
Suite 324

City Edina State MN Zip Code 55435-1752

Purpose of Disbursement  
Fundraising consultant

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		22		2013

Amount of Each Disbursement this Period

3500.00
---------

Transaction ID : B7D5A47008B8B4499A8E

**B. Torin Kelly**Mailing Address 449 Selby Avenue  
#3

City Saint Paul State MN Zip Code 55102-2773

Purpose of Disbursement  
Compensation

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		31		2013

Amount of Each Disbursement this Period

2500.00
---------

Transaction ID : B82AE7D7A56D745498CC

**c. Transxt**

Mailing Address 190 Monroe Ave NW Ste 500

City Grand Rapids State MI Zip Code 49503-2628

Purpose of Disbursement  
Credit card processing fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		01		2013

Amount of Each Disbursement this Period

799.55
--------

Transaction ID : BBC9002DAF0E74F32ABD

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

6799.55

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 22

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Krinkie for Congress**

Full Name (Last, First, Middle Initial)

**A. Blue Point LLC**

Mailing Address 35311 N. 92nd Way

City	State	Zip Code
Scottsdale	AZ	85262-1153

Purpose of Disbursement  
Consulting Services

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		05		2013

Amount of Each Disbursement this Period

2500.00
---------

Transaction ID : BC45DAC3C931D4786A9A

**B. Torin Kelly**Mailing Address 449 Selby Avenue  
#3

City	State	Zip Code
Saint Paul	MN	55102-2773

Purpose of Disbursement  
Reimburse expenses

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		12		2013

Amount of Each Disbursement this Period

1639.71
---------

Transaction ID : BAD52F774AE0F445AAAB

**c. Torin Kelly**Mailing Address 449 Selby Avenue  
#3

City	State	Zip Code
Saint Paul	MN	55102-2773

Purpose of Disbursement  
Compensation

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		19		2013

Amount of Each Disbursement this Period

2500.00
---------

Transaction ID : B0C414D7734564C10958

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

6639.71

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 19 OF 22

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Krinkie for Congress**

Full Name (Last, First, Middle Initial)

**A. Capitol Direct**Mailing Address 2915 Commers Drive  
Ste 100

City Eagan State MN Zip Code 55121-2361

Purpose of Disbursement  
printing and mailing

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
11	26	2013

Amount of Each Disbursement this Period

5093.38
---------

Transaction ID : BE68A145536EF4E539EC

**B. Torin Kelly**Mailing Address 449 Selby Avenue  
#3

City Saint Paul State MN Zip Code 55102-2773

Purpose of Disbursement  
Compensation

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
12	02	2013

Amount of Each Disbursement this Period

2500.00
---------

Transaction ID : B7335B7C0DF23440F88E

**C. Jill Sims**

Mailing Address 1234 add a street

City Minneapolis State MN Zip Code 55401

Purpose of Disbursement  
consulting services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
12	03	2013

Amount of Each Disbursement this Period

1750.00
---------

Transaction ID : BAE013DCC31C041A3A10

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

9343.38



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 21 OF 22

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Krinkie for Congress**

Full Name (Last, First, Middle Initial)

**A. Torin Kelly**Mailing Address 449 Selby Avenue  
#3

City Saint Paul State MN Zip Code 55102-2773

Purpose of Disbursement  
compensation

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		16		2013

Amount of Each Disbursement this Period

2500.00
---------

Transaction ID : B4EE3991791BD4481AC1

**B. Transxt**

Mailing Address 190 Monroe Ave NW Ste 500

City Grand Rapids State MI Zip Code 49503-2628

Purpose of Disbursement  
credit card processing fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		28		2013

Amount of Each Disbursement this Period

0.55
------

Transaction ID : B909EB96D00F545D381F

**c. Transxt**

Mailing Address 190 Monroe Ave NW Ste 500

City Grand Rapids State MI Zip Code 49503-2628

Purpose of Disbursement  
credit card processing fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		28		2013

Amount of Each Disbursement this Period

248.29
--------

Transaction ID : B81953C8C0D3A48A2A20

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2748.84

42875.03

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 22 OF 22

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C98BB68AF7EB44F6E9A9

Krinkie for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

Mr. Philip B Krinkie

[PERSONAL FUNDS]

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

P.O. Box 681

City

State

ZIP Code

Circle Pines

MN

55014

Original Amount of Loan

300000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

300000.00

**TERMS**

Date Incurred

M / D / Y  
08 / 01 / 2013

Date Due

M / D / Y  
12 / 31 / 2014

Interest Rate

5.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

300000.00

**TOTALS** This Period (last page in this line only)..... ►

300000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.